Please fill out this form to ensure that your child’s information is correct in our database. Please return this page to **(program name and information here)**

Student name:

Class(es):

PARENT/GUARDIAN/EMERGENCY CONTACT #1

Contact name:

Relationship to student:

Address:

Email address:

Emergency Phone(s):

Home:

Work:

Cell:

EMERGENCY CONTACT # 2

Contact name:

Relationship to student:

Emergency Phone(s):

Home:

Work:

Cell: